MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55	1					
6							56						
7							57						
8							58						
9		1					59						
10		1					60						
11	1	1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21	1						71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27							77						
28		1					78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33		1					83						
34	1						84						
35		1					85						
36		1					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46	1						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	31						TOTAL DEP.						
TOTAL CLAIMS	36						TOTAL						